

The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Cosmetology
www.state.ma.us/reg/boards/hd
617-727-3067

Out of State Application

OUT OF STATE APPLICANTS INSTRUCTION SHEET

A COMPLETED APPLICATION MUST INCLUDE:

- A completed health certificate
- A small 2" x 2" photo
- Money order made payable to the Commonwealth of Massachusetts (no personal checks accepted)
- A copy of your license from your state
- A certification of your current license (form must be mailed to your state board in which you are currently licensed, this state must complete the form and mail it directly back to the Massachusetts Board, **not the applicant**). Applicants should check with their state board to see if there is any fee in completing this form. (**your license must be current in order for your Massachusetts application to be considered complete for reciprocity**)
- Notarized work affidavits (if you have at least 2 years work experience)
- All applicants must submit verification of an original social security card (mandatory). Acceptable forms of verification are outlined on the cover page of this application.

If you have a current license no examination will be necessary. If your license has expired you will be required to take the written and practical exams.

- ❖ ***In the event that you have not taken your state board examination, then you must submit an official transcript from the school you have graduated from verifying your hours and dates of enrollment.***
- ❖ All new licensees **must** obtain a copy of the Massachusetts Rules & Regulations (240 CMR). To obtain a copy of the Rules & Regulations call the State House Bookstore at (617) 727-2834 or visit The Division's website at www.state.ma.us/reg/boards/hd.

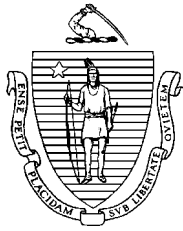
SPECIAL INSTRUCTIONS FOR COSMETOLOGISTS, HAIRDRESSERS AND AESTHETICIANS ONLY:

Massachusetts has two classifications of licensure for cosmetologists and aestheticians. Work experience is the determining factor on the status classification. A cosmetologist's type 1 and an aesthetician's type 6 license are equivalent to a manager's license. An operator's license (type 2) or an aesthetician's license (type 7) will be issued to you **if you have less than two years of work experience** in your particular field. It will be necessary for the salon owner/manager completing the enclosed employment affidavit to specify the dates of employment and if you have worked either full or part-time. This affidavit must be notarized.

FLORIDA & CONNECTICUT CANDIDATES ONLY

If you hold an aesthetic or manicuring license you will be required to take the Massachusetts practical and written examinations (no exceptions). This requirement was implemented because neither of these states currently regulates aesthetics or manicuring. Be advised some additional training may also be required before becoming eligible for Massachusetts licensure. (**Policy effective March 2002**)

- **Any incomplete application will be returned**



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Out of State Application-Fee \$113.00

BOARD USE ONLY

Board: _____
License #: _____
Type: _____
Cash #: _____
Cash Date: _____

Please attach recent

2" X 2"

passport photograph here

1. Applicant Name: _____
Last First Middle

2. Maiden Name: _____

3. Current License#: _____ License Expiration Date: _____

BOARD USE ONLY

Status Code: _____ Issue Date: _____ Lic. Exp. Date: _____

4. Date of Birth: _____ Place of Birth: _____

5. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code

6. Business Address (If Applicable): _____
No. Street Apt. #

City/Town State Zip Code

7. Telephone Number-Day: _____ Evening: _____

8. Email Address: _____

9. Social Security Number (**Mandatory**): _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

10. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you

are licensed/certified, indicating the status of your license and any relevant disciplinary information. _____

11. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary):

12. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary):

13. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary):

14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____

15. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary):

16. Present Employer _____

17. Beauty School Attended _____

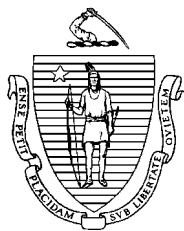
Name & Address of School
Date Started: _____ Date Finished: _____

18. Type of license requested in Massachusetts: ☐ cosmetology ☐ manicuring ☐ aesthetics
☐ cosmetology instructor ☐ aesthetic instructor ☐ demonstrator *** Separate applications and fees are required for each type of license. You must submit proof of either training or current licensure in that subject in order to be eligible for that type of license.

19. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of applicant

Date



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EMPLOYER'S AFFIDAVIT FOR OUT OF STATE APPLICANT

STATE OF _____ COUNTRY OF _____

I hereby certify that I am a Registered Cosmetologist, _____ in the state
of _____ and that _____ was in my
employ as a _____ and worked _____ under
supervision from _____ to _____ in a beauty shop located in

City _____ State _____ Zip Code _____ Telephone Number _____

ERASURES OR CHANGES IN DATES ARE NOT ACCEPTABLE

NOTARY SEAL

Name: _____
Shop Owner's Name

This affidavit must be notarized Address: _____
in the State where signed.

City: _____
State: _____ Zip Code: _____
Telephone #: _____
Signature: _____

Managing Cosmetologist

Notary Public (Please Print) _____
Notary Public (Signature) _____

This portion below to be filled out only if you (the applicant) owned your own salon.

AFFIDAVIT FROM SALON OWNER

State of _____

I hereby certify that I am or was a property owner in the State of _____ and that I
owned the property located at _____
and that _____ owned and operated a beauty salon at this location
from _____ to _____
month/day/year month/day/year

Subscribed and sworn before me this _____ day of _____

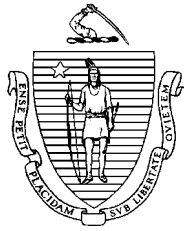
NOTARY SEAL

Name of Property Owner _____
Present Address: _____
City: _____
Signature of Owner: _____

This affidavit must be notarized
in the State where signed.

Notary Public (Please Print) _____
Notary Public (Signature) _____





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Health Certificate

Required of Cosmetologists, Operators, Manicurists, Aestheticians, Students, Instructors and Demonstrators

Town or City _____ Date _____

I hereby certify that I have examined _____ of _____

Name of Applicant

Address

and I certify this individual is not afflicted with any infectious disease.

Signature of Licensed Physician _____ M.D.

Address, Town or City _____